
DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Synagis® (palivizumab) is a covered benefit of Nevada Medicaid for recipients who meet the criteria for coverage.

1. Coverage and Limitations:

Authorization will be given if the following criteria are met and documented:

Requests for Synagis® (palivizumab)

1. For recipients younger than 12 months of age at the start of the Respiratory Syncytial Virus (RSV) season, **ONE** of the following must be true:
 - a. The recipient was born at 28 weeks, six days of gestation or earlier.
 - b. The recipient has a diagnosis of chronic lung disease of prematurity .
 - c. The recipient has hemodynamically significant congenital heart disease .
 - d. The recipient has congenital abnormalities of the airways or neuromuscular disease.
 - e. The recipient has a diagnosis of cystic fibrosis.
AND
The recipient has clinical evidence of CLD and/or nutritional compromise.
2. For recipients younger than 2 years of age at the start of the RSV season, **ONE** of the following must be true:
 - a. The recipient has a diagnosis of chronic lung disease of prematurity.
AND
The recipient has required medical therapy (e.g., bronchodilator, diuretics, oxygen, corticosteroids) within six months to the start of Respiratory Syncytial Virus (RSV) season.
 - b. The recipient has had a cardiac transplant.
 - c. The recipient is severely immunocompromised (solid organ or hematopoietic stem cell transplant, chemotherapy, or other conditions) during the RSV season.
 - d. The recipient has had cardiopulmonary bypass and continues to require prophylaxis after surgery or at the conclusion of extracorporeal membrane oxygenation.

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- e. The recipient has a diagnosis of cystic fibrosis.

AND

The recipient has had manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest radiography or chest computed tomography that persists when stable) or weight for length less than the 10th percentile.

2. PA Guidelines:

Prior Authorization approval will be up to five doses during per RSV season for recipients meeting criteria.

3. Quantity Limitations:

4 vials/Rx